## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

|  |  |   |  | <u> 10/ 3</u>                      | 28.                                       | 1823             |            |                     |                        |                            |                     |                        |
|--|--|---|--|------------------------------------|---|------------------|------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
|  |  | CLAIMS A                                  | S FILED - PA   | (Column 2)                         |   |                  | SMALL ENT  | TY OR               |                        | OTHER THAN<br>SMALL ENTITY |                     |                        |
| U.S.   | NATIONAL S                                     | TAGE FEES                                 | (00.11.11.11.11.11.11.11.11.11.11.11.11.1                            |                                    |   | ]                |            | 10587906            | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                    | LARGE ENT. = \$ 300 .                     |                  |            | BASIC FEE           | \$150                  | OR                         | BASIC FEE           | \$300                  |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                    | All other situations =<br>\$ 100 / \$ 200 |                  |            | EXAM. FEE           |                        |                            | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |   | U.S. Is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                    | ALL other situations = \$ 250 / \$ 500    |                  |            | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                    | / 50 =                                    |                  | :          | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | · 6 minus  | 1                                  |   |                  | X \$ 25 =  |                     | OR                     | X \$ 50 =                  |                     |                        |
| INDEPENDENT CLAIMS   |  |   | minu   | , (                                |   |                  | X \$ 100 = |                     | OR                     | X \$ 200 =                 |                     |                        |
| MUL  | TIPLE DEPEND                                   | ENT CLAIM PRI                             | SENT   |                                    |   |                  |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          | 1                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                    |   | ,                | TOTAL      |                     | OR                     | TOTAL                      | 400                 |                        |
| 1  | Column 1) (Column 2) (Column 3)                |   |  |                                    |   |                  |            | SMALL E             | ENTITY                 | OR                         | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | BER<br>USLY                               | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 10                                      | Minus *  | - 20                               | )   | = <i>H</i> )     |            | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | . 1                                       | Minus *  | 3                                  |   | =9               |            | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |   |                  |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  |  |   |  |                                    |   |                  | •          | TOTAL ADDIT.        |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                                    |   |                  |            |                     |                        |                            |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | EST<br>BER<br>OUSLY                       | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus *  | rs <del>t</del>                    |   | <b>a</b> .       |            | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus *  | **                                 |   | =                |            | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                    |   |                  |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  |  |   |  |                                    |   |                  |            | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |   |  |                                    |   |                  |            |                     |                        |                            |                     |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.